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CONFIRMATION NO. 7689

SERIAL NUMBER 10/804,500	FILING DATE 03/19/2004 RULE	CLASS 340	GROUP ART UNIT 2632	ATTORNEY DOCKET NO. IDEALAB.040A					
APPLICANTS William Gross, Pasadena, CA; <i>CS</i>									
** CONTINUING DATA ***** This appln claims benefit of 60/457,823 03/25/2003 <i>CS</i>									
** FOREIGN APPLICATIONS ***** <i>CS</i>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/05/2004									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: </td> <td style="width: 15%; text-align: center; vertical-align: top;"> STATE OR COUNTRY CA </td> <td style="width: 15%; text-align: center; vertical-align: top;"> SHEETS DRAWING 3 </td> <td style="width: 15%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 24 </td> <td style="width: 15%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 5 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials:	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 5
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ADDRESS 20995 KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR IRVINE , CA 92614									
TITLE Collision warning systems and methods									
FILING FEE RECEIVED 1144	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	
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